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LEADING ARTICLES

PLAIN LABELS ON GERM FRIENDS.

ALBERT ABRAMS, A. M., M. D.

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Author of "The Blues," "Man and His Poisons," etc.

IN one of Lessing's fables, the ass said, "You are constantly saying something unpleasant about me; why don't you say something agreeable?" "In that event" replied the fabulist, "people would say, that you were the fabulist and I was the ass." Thus it is that threnoides have characterized the biography of the germ. The germ is entitled to an inning and if I substitute for the threne, a paean, I am contributing but a modicum of justice to the maligned germ. When the scientist announces that the germ is concerned as a causal factor in an infectious disease, his story is incomplete and another chapter is necessary to complete the continuity of the narrative. Germs are ubiquitous; they are present in the water that we drink, the food that we eat and the air which we breathe. Some of the germs are specified as innocent and the minority as harmful or pathogenic germs.

THE MODERN CONCEPTION OF DISEASE.

Schwann's discovery of the animal cell resulted later in the conception that, insomuch as human tissues are made up of cells, and that man develops through cell-activity, the corollary was evident—that if health depends on normal cell-reaction in disease, the reaction is abnormal.

In 1880, the great German pathologist Virchow, formulated the following conclusions;

First.—An elementary diseased process consists of an external influence (the cause of disease) acting upon a living cell and altering it in a mechanical or chemical manner. The altered condition is disease.

Second.—The cell-reaction so varies that in one instance, the cause may only bring about irritation, in another, only a disturbance and in still another instance, paralysis of the cell. It is as difficult to understand the variability in reaction as it is to follow the course of a chemical reaction. In dealing with the protoplasm or essential element of the cell, we can only conceive protoplasmic molecules for they have never been demonstrated. It is imperative that the baneful argument of the germ theorist should be exploded, for otherwise we are inclined to attribute too much to the germ and too little to the individual in averting disease. Germs are only partially responsib e in the etiology of disease, and it devolves on the individual to obey the laws of hygiene to oppose the effect of conditions which enervate the status of his vitality. It is necessary for us to understand how nature intended that we should live so that we may live long and comfortably; germs are only secondary factors in the constituent parts which make up the tragedy of disease.

THE DEFENSE OF THE ORGANISM.

A healthy body protects itself variously against the pernicious action of the germs and their poisons (toxins). This resistance has been designated as the defense of the organism. Nearly all the secretions retard the development of the germs. The lymph-glands filter the bacteria and their products. The natural resistance of certain individuals to infections is largely determined by the energetic activity of the cells, particularly the leucocytes, which destroy the bacteria. But the fluids of the body, especially the serum, which contains no cells, possess the same bactericidal property as the latter. The normal blood is supposed to contain chemical substances with a fermentative property which is developed in the presence of bacteria and destroys them. The resistance of the organism may be equationally expressed for germ infection as follows: $D = \frac{GTA}{R}$; D, the disease,

equals G, the germ, multiplied by T, its toxicity, multiplied by A, its amount, the product being R, the resistance of the individual attacked. Many acute observers are now inclined to believe that even fever is a salutary process and an expression of defense on the part of the organism. Thus many pathogenic bacteria thrive best at the normal temperature of the body and that they either die or lose their toxic properties with the commencement of the fever. The germs of anthrax (wool-sorter's disease) cannot live at a temperature above 104 deg. F., and thus cannot infect birds whose normal heat exceeds this limit. Pasteur demonstrated that this immunity could be destroyed if the temperature of a bird were reduced artificially.

John Bunyan referred to consumption as the "Captain of the Men of Death," but this phrase is conceded to belong to pneumonia which is the most widespread and fatal of all acute diseases. The pathogenic germ of pneumonia may be found in the saliva of healthy individuals and the germs of diphtheria are encountered in even perfect healthy throats. In instances like the foregoing, we are constrained to conclude, that either the germs are not virulent or that their virulency is minimized to the extent of innocuousness by the resistance of the healthy organism.

THE INNOCUOUSNESS OF BACTERICIDES.

We can better illustrate the trend of our contention in demonstrating the subordinate role played by germs in infectious diseases by citing tuberculosis as a paradigm. We have learned that the medical treatment of this disease is a monument to sepulchred theories; that the patient must be put in nature's place and work as Nature's works, and the nearer and truer he is placed to Mother Earth, and the closer his intercourse with nature, the more certain he is to attain health, for "diseased nature oftentimes breaks forth in strange eruptions."

When Koch in 1882, demonstrated that the tubercle bacillus was the cause of tuberculosis, there was a tempestuous scurry among scientists to find a remedy which would kill the bacillus and *ergo* cure the disease.

To recount the bacterio-therapeutic efforts made succeeding Koch's discovery to destroy the germs in the consumptive would be equivalent to inditing a tome on the fallibility of of medical practice and this epoch in medicine is worthy of relegation to oblivion. The tale of a consumptive does not begin and end with the tubercle bacilli. Bactericides may be effectual in the laboratory, but not at the bedside. There is a vast difference between a culture-tube of bacilli and a patient. The treatment of consumption is no longer based on the destruction of the bacilli, but in fortifying the cells against bacillary invasion. The tubercle bacillus is only a mere accident in consumption, for, without the receptivity created by diseased cells, no infection can occur. Practically everybody is tuberculous for we all harbor the germs of this great white plague. The foregoing statement justifies a trite German aphorism, "*Jedermann hat am Ende ein Bischen Tuberkulose.*" Some one averred that, "If he knew what produced consumption he could cure it." Immunity to the disease is a question of environment, climate, air, sunshine, habits, food, etc. If I were to write a recipe for acquiring consumption, I would embody in the prescription, the exclusion of pure air and sunshine and I would have the subject deplete his organism by dietetic vagaries. Then and then only, would I expose the tuberculous candidate to the action of the tubercle bacillus. The latter is only a means toward an end:

> "The Gods are just, and of our pleasant vices,
> Make 'germs' to plague us."

If we are unable to cure an accessible tuberculous lesion, say of the skin, by bactericidal drugs, is it not chimerical to assume, or even hope, that such agents can be effective in remote pulmonary lesions? Germs are bound to be recognized as mere scavengers. Prof. Neilson, of Glasgow, is alleged to have discovered a microbe which devours all dangerous germs and turns poisonous sewage into water as pure and healthful as that from a spring.

In conclusion, two elements are necessary in infection—the germ and the receptivity or reaction of the organism and the latter represents the interaction of host and parasite.

GERMS AS MEDICINE.

To stigmatize germs as dangerous and then to employ them therapeutically is a *reductio ad absurdum*. I have recently exhaustively investigated a method of treatment which is at present in vogue in France for the treatment of intestinal self-poisoning and intestinal diseases and which is worthy of recognition elsewhere. Poisons are common to animal and plant life and the human body contains the most deadly poisons which are made inert by the defense of the organism. We have phosphorus in the bones and blood, hydrochloric acid in the stomach, potassium sulpho-cyanide in the saliva and even arsenic is found. The saliva of some individuals is nearly as poisonous as the venom of a serpent. Digestion is facilitated by the bacteria normally inhabiting the intestinal canal. The bacteria of the human intestine increase at

the rate of 128,000,000,000,000 each day and the bacterial flora constitutes one-third of the human excreta.

The poisons or enterotoxins manufactured in our intestinal tract are augmented by bacterial action which gives rise to fermentation and putrefaction.

One must by no means conclude that putrefactive processes are necessarily harmful; on the contrary, the danger is only manifested when they are excessive. Thus in the norm, such processes assist digestion and inhibit the entrance of poisonous products into the body.

Lecithin, for instance, is found in large quantities in egg-yolk and by the action of the pancreatic juice, it is broken up into many ingredients notably a poisonous ptomain, known as *cholin*. We are however protected from the toxic action of the latter, by the bacteria which convert it into inoffensive products. Among the food stuffs, proteid or albuminous food which embraces the flesh of animals and eggs yields the most toxic products, the result of microbic disintegration. It has been shown that only six-sevenths of the albuminous food ingested is assimilated in the small intestine, whereas the balance becomes the prey of the intestinal microbes. Among the toxic products of bacterial action is *indol* which, when given to normal individuals in small doses can induce a formidable list of nervous symptoms and there is no longer any doubt among competent observers, that the continuous absorption of this substance is responsible for many intractable cases of neurasthenia.

In the norm, the toxic products in the intestinal canal are either not absorbed, or they are made innocuous and rapidly excreted. Auto-protection of the organism against self-poisoning is achieved either by organs which arrest or transform the poisons or eliminate them. The intestinal canal is a permanent source of self-intoxication and were it not for the organs of defense, one would constantly suffer from the symptoms of self-poisoning. It is impossible to cite all the factors concerned in auto-intoxication for they are many.

Excessive albuminous food, that is to say, a diet containing a large quantity of meats and eggs augments intestinal putrefaction, and even though the organs of defense are relatively normal, they are incapable of performing their functions when an increased burden is thrust upon them.

The majority of people dig their graves with their knives and forks, and Dr. Abernethy observed, "There is no beast of burden in the world so overloaded as the human stomach." Talmage remarked that "Many a man is trying to do by prayer what can only be done by a correct diet."

A disease almost as popular as appendicitis is arteriosclerosis and the conviction is rapidly gaining ground that the poisons absorbed from the intestinal canal are largely responsible for this arterial degeneration.

Self-poisoning is commencing to receive the consideration which it truly deserves. Intestinal putrefaction results from the action of proteolytic bacilli on albuminous food and the primary indication in treatment is to modify the culture medium of the intestine so as to make it inimical to the germs in question. This is effected by an antiputrid régime. The putrescent aliments are the proteids and, if the latter could be completely eliminated, there would be no putrefaction and consequently no intestinal auto-intoxication. However, the albuminous foodstuffs are true tissue-builders and repairers and consequently cannot be eliminated without compromising nutrition.

One may conclude, however, that we ordinarily consume more proteid food than is necessary and, that ingested in excess, it must be reduced by bacterial digestion.

If an individual were desirous of taking his daily supply (100 grams) of proteid in the form of meat, it would be necessary for him to consume a little more than one pound of meat.

ANTAGONISTIC MICROBES.

Metchnikoff, in his book, "The Nature of Man," strives to solve the problem of old age by first directing our attention to the phagocytes. The latter are the scavenger cells of the body which do battle with the germs of disease and devour them. They also replace impaired tissues. After the phagocytes have done combat with the invading hosts, they feed upon the weakened tissues and still further weaken them.

The dangerous germs come chiefly from the intestinal tract, where the intestinal flora is divided into harmful and beneficent germs. Now, if by any means we can prevent the intestinal germs from gaining access to the blood, we spare the energy of the phagocytes so necessary for nurition, and thus thwart the advent of old age. A man, according to this theory, is not only as old as his arteries, but as old as all the tissues of his body. Ever since Metchnikoff directed attention to the fact that sour-milk microbes are antagonistic to the microbes of putrefaction, the custom is quite prevalent in France to employ the former in the treatment of intestinal auto-intoxication. The chief characteristic of the intestinal flora of the auto-intoxicated, is the marked diminution of the

saccharolytic aerobic bacilli and the preponderance of the proteolytic anerobic varieties. To modify the foregoing condition a vegetarian or lacto-vegetarian or lacto-farinaceous diet is indicated on account of the small quantity of proteid matter which it contains and the lactic acid which it produces. Another method is to feed the subject with lactic acid ferments or microbes which are innocuous but exert an inhibitory influence on the microbes of putrefaction. The ferment is ordinarily employed in association with a diet, although some claim that nearly all the effects can be secured from the diet alone. To be effective the treatment must be continued for several months. There are a number of lactic acid culture mediums on the market, but many of them are useless for they seem to lose their action when prepared in the form of tablets or globules. If the lactic acid culture mediums cannot be obtained, then buttermilk or koumiss may be substituted.

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THE BACILLUS OF MIND AND ITS DECREES.

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1. What a man does merely because it is agreeable is not virtue.

2. There is a Japanese proverb which says: "Even as the deer leaves his skin and antlers, so the good and wise man that he may not rot with his bones, leaves behind him, a name, to preserve the memory of his existence." Ancestor worship is prevalent in Japan, therefore to be worshiped as an ancestor, after death, is the moving force, in all Japanese action. These two motives in mind, compel every human being on earth, to do what he does, his very best. They are guiding stars for human action Happiness is the sum—the complement of all the pleasures of which we are susceptible, whether good, according to communal sentiment of the time, or evil, it matters not one whit, to the human understanding, which considers only their agreeableness to the individual or to posterity.

Worldly wisdom varies in different persons, or communities, and is acquired.

Robert Burns, the poet, once wrote to his younger brother as follows:

"Isle Ellisland, March 2, 1789.

"Dear William: In my last letter, I recommended that invaluable apothegm: 'Learn taciturnity.' It is absolutely certain that no body can know our thoughts, and yet from a slight observation of mankind one would not think so. What mischiefs daily arise from silly garrulity, or foolish confidence. There is an excellent Scotch saying that 'A man's mind is his kingdom.' It is certainly so; but how few can govern that kingdom with propriety. The serious mischiefs in business which this flux of language occasions do not come immediately to your situation, but in another point of view, the dignity of the man, now is the time that will either make or mar you. Yours is the time of life for laying in habits; you cannot avoid it though you would choose; and these habits will stick to your last sand. At after periods, even at so little advance as my years (30) 'tis true one may still be very short-sighted to one's habitual failings and weaknesses, but to eradicate or even amend them is quite a different matter. Acquired at first by accident, they by and by, begin to be as it were convenient; and in time are in a manner a necessary part of our existence. I have not time for more. Whatever you read, whatever you hear, concerning the ways and works of that strange creature, man, look into the living world about you, look into yourself for the evidence of the fact or the application of the doctrine."

Results of living vary greatly also; what is agreeable to one individual is the opposite from some other.

A recent editorial in a New York newspaper, spoke of the late George W. Curtis and John G. Whittier, in the usual words of formal praise. After reciting the principal events of their lives, it questioned seriously whether they had really been successful in life. The reason for such doubt was their failure to acquire during their lives large fortunes. This article then spoke of other notable examples in the field of literature and science and politics. In nearly every instance of the notable names cited the grave fact was added that they left behind them very little money. This material view, which is much more prevalent than is acknowledged is beginning to change. People even in the most commercial of centers are beginning to realize that fortunes are after all merely increased responsibilities, and that a man's standing in a community and his future fame depend upon the use he makes of what is intrusted to him rather than on the amount which he leaves. The mere possession of riches for selfish purposes cannot constitute any real success. I do not think any better illustration of this was ever given by any one, than that of the late Emery A. Storrs, of Chicago. Mr. Storrs was a very

brilliant and eccentric lawyer. His intellectual ability was very great. He never acquired money, although his fees in his profession were very large. Upon one occasion he was seated in the center of a group of millionaires, on the porch of a hotel. The group was engaged in discussing what constitutes success in life. One of them said to Mr. Storrs, calling him by his first name: "Emery, you are a very brilliant man, and you have made quite a name for yourself. But what does it all amount to? You are a poor man today, and I don't believe you will be worth a cent when you die." Mr. Storrs turned on him like a a flash, as he replied: "The mere ability to acquire money is not a high one. When you come to the element of acquisitiveness, the squirrel, the gopher, the prudent otter are your superiors. Why should any rich man, who has never done anything but make and hoard money, never going beyond to some noble use of it, think himself a superior being? What purely rich man lives in history? Possibly Croesus, and he only as a figure of speech. Yes, there was Dives, but he was only put in as foil for the beggar who was the hero of the picture. Let me recall to you, gentlemen, Athens when it was at the period of its greatest splendor. I can imagine that the stock holders, millionaires like you, who contributed to the building of the Parthenon, thought they were very wonderful men, and I dare say, spoke in most patronizing terms of Phidias and Praxiteles. But, gentlemen, where are the Athens stockholders today, and where do we find Phidias and Praxiteles?"

There are other things to be acquired, as agreeably, by men as money. Tastes differ. Let me mention the case of my old tutor who came to his country with the Count de Paris.

This man taugh me English. He was graduated from the University of Strassburg, and was educated for the priesthood; he was a licentiate of the College of France, which means everything for scholarship in Europe. He was a master of eleven languages; he knew 15,000 words in French, in German, in English. His method of acquiring a language, was to commit to memory and know every word, of eighty pages of one of the best authors. Thus he mastered the idioms. He counted that day lost whose low descending sun found that he had not learned at least three new words of a given language. Thus his vocabularies were forever increasing. Instead of accumulating money, he accumulated words. What a world of wisdom was his. What a measure of happiness must have come to him, when he had discovered some new word, by which to express a finer shade of his thought. The agreeableness to his mind cannot be expressed. He utterly despised riches. He knew authors galore, by heart from the beginning to the end of their prose and poetry. Finally, there came a time, when these habits of acquisition to him, brought no pleeasure, then he committed suicide. Over the temple door of Iyeyasus venerated tomb, at Nikko, Japan, may be seen a highly polished, and carved wooden transom of holy wood, on which is depicted as from life, the starry heavens, and the deep blue sea. On viewing this piece of exquisite workmanship one believes he is looking at the sky, or into the ocean. You are fascinated, and can hardly withdraw your eyes, the fishes are real, and so are the birds. You can almost hear the wind blow or the rush of waters through the finny deep. This entrancing piece of architecture was made by one man, who devoted forty years of his life to perfecting it. All those hours and days and years consumed in work upon it, brought joy to his soul more than riches could have done. He died a pauper, self-glorified. His life was not at all a failure in his estimation, or that of posterity.

In 1758, two years after Oliver Goldsmith had returned from his wanderings on the continent, footsore and poverty stricken, he presented himself at Surgeon's Hall, for examination as a hospital mate, with the view of entering the army or navy; but he suffered the mortification of being rejected as unqualified.

That he might appear before the examining surgeon suitably dressed, Goldsmith obtained a new suit of clothes, for which Mr. Griffiths, the publisher of the Monthly Review, became security. The clothes were to be returned immediately when the purpose was served, or the debt was to be discharged.

Poor Goldsmith having failed in his object and probably distressed by urgent want, pawned the clothes. The publisher threatened and Goldsmith replied: "I know of no misery but a jail, to which my own imprudence and your letter seem to point; I have seen it inevitable these three or four weeks, and, by heavens, request it as a favor—a favor that may prevent something more fatal.

"I have been some years struggling with a wretched being, with all that contempt and indigence bring with it, with all those strong passions, which make contempt insupportable. What then has a jail that is formidable?"

Such was the hopelessness, the deep despair of this imprudent but amiable author who has added to the delight of millions and to the glory of English literature.

"Unenvied, unmolested, unconfined," his soul accumulated riches besides which gold is veriest dross. "O, luxury thou curst by heaven's decree;" "Creation's heir, the world, the world is mine."

A story is told by Francis Coppee, the well-known academician, of real riches as follows: An old parish priest, the Abbe Moulin, is seated one winter evening before his fire when a visitor is announced. He gives the name of Renaudel, and explains to the priest, that he was formerly a banker and had fled to America with all the deposits that he could lay hold of, in order to avoid prosecution, for fraud. Having acquired by honest work and enterprise, an enormous fortune in the United States, he has experienced remorse for the past, and wishes to reimburse the people he had formerly defrauded. Accordingly he places in the hands of the priest a sum of two million francs, together with the names of his four principal creditors, requesting the Abbe to restore to them their due. The Abbe having undertaken the task commences by visiting the first named of the four creditors. This person he finds to be one of the most celebrated authors in France, who informs him that his literary success only dates from the day when he was ruined by the flight of the banker Renaudel, and that had it not been for that disaster, he would never have achieved fame. The loss of his money, had, therefore, been an inestimable boon to him. The second creditor the Abbe discovers to be an old maid who until reduced to relative poverty by the dishonesty of her banker, had made her own life, as well as that of the relatives and friends, miserable by imaginary ailments. She confessed that the loss of the money had forced her to think less about herself and more of others; that it had had the effect of restoring her to health, both morally and physically, and that she had never been so happy as since the day when she was ruined. The third creditor is an architect, who explains to the priest that had he not lost his money, and been forced to work for his living he would never have learned to know his wife, whose parents were people in exceedingly modest circumstances, and had he not met her his whole life, he declares, would have been a void. Nor is the fourth and last creditor on the list any more overjoyed than the others to receive back the money of which the banker Renaudel had defrauded him. He is a Marquis, bearing an illustrious name, and on learning the object of the priest's visit, exclaims bitterly: "Too late! too late, my friends." He then proceeds to inform the Abbe that after his ruin through the dishonesty of his banker, he had sold his name, his title and his self-respect, marrying the dishonored daughter of a dishonored financier, in return for a large sum of money paid to him in the form of a dowry. The Marquis asserts that he feels that he has been irredeemably disgraced by the marriage which he has contracted, and that nothing in the shape of money could possibly remove the stain inflicted on his name and escutcheon. All this causes the Abbe to reflect that money after all is not so all-powerful as is generally believed to be the case for his experiences with the four creditors of the banker Renaudel have shown him that fame, health, domestic happiness, and honor, the four things which alone render life worth living cannot be bought with gold, and are sometimes the result not of the presence, but of the absence of wealth.

Happiness therefore does not result from the possession of something at all, but from a free, full unimpeded use of the powers in unselfish service, whether it is sensual or sensuous enjoyment, rational satisfaction, or the pleasures of an approving conscience, or spiritual blessedness. Drummond says: "There is no happiness in getting, but only in giving."

He who is unable to adapt himself to a changed environment is insane. Inadaptability is a violation of one of the four cardinal rules to be applied when judging a question of sanity.

Reason should make us feel that to throw off the trammels of wealth and idleness, was not an interference with success or happiness. On the contrary, poverty is a blessing, to force us to employ, or develop our best energies in the battle for existence.

To repine proves lack of mental vigor. "Metrodorus paene alter Epicurus beatum esse describit his fere verbis; cum corpus bene Constitutum sit et sit exploratum iter futurum (Cicero, De Fin. II, Sec. 2).

I was the expert witness in the celebrated "Miser Paine" will case before Surrogate Rollins of New York City. It was discovered after he died, aged 75, that in spite of his many years spent in extreme poverty, he had had all the while secreted in the safe of Mr. Charles F. Chickering, the piano manufacturer, nearly a half million dollars. Mr. James Henry Paine had lived in the same house where I had my office for years. He subsisted on an annuity allowed him by his brother, Robert Treat Paine, of Boston, amounting to $375. He paid for his dingy garret room, a dollar and a half a week. He ate from garbage barrels, or free lunch counters; bought himself no clothing, wore no underwear, but was scrupulously clean on his person, washing his entire body every morn-

ing with cold water. His intelligence was good, of high order. I conversed with him every day. There was no question of his inherited capacity, for he was a great grand-son of Robert Treat Paine, who signed the Declaration of Independence.

Mr. Chickering one day saw in the newspaper the notice of Mr. Paine's death, and that his will had been filed for probate with the surrogate. He at once took to that official an old brown paper parcel supposed to contain only old papers of little or no value, which he said Mr. Paine, his old friend in Boston, had requested him to keep in his safe some seventeen years before. It had been there ever since. Mr. Chickering had never looked into it. When I want to refer to it, Mr. Paine had said, "I shall call on you" He had never called. When this package was opened in court, it was found to contain nearly a half million dollars in American bank bills, and some securities, stocks, etc., of Chicago, whose coupons had never been cut. A suit at once was instituted by nephews and nieces of Boston, against the validity of the will which left everything he died possessed of, to a lawyer, who had drawn and filed it.

I was ex-Attorney General Leslie W. Russell's witness in behalf of the blood relatives, and the will was finally set aside, on the ground of Mr Paine's mental incapacity at the time he made it.

Upon cross-examination while on the stand, as a qualified expert, I was asked by Ex-Governor Chamberlain, of South Carolina, this question: "Doctor, do you consider a miser a sane or an insane person? Before you answer please bear in mind that Johns Hopkins, of Baltimore, whose great wealth endowed his university was a miser, and that James Lick, of California, whose wealth endowed the famous Lick Observatory, also was a miser. Both wills held good in law."

In my reply I said: Governor Chamberlin, I consider any man insane who in the acquisition and possession and disposition of great wealth, neglects every duty, he owes to himself, his family, his neighbor and his God.

"Mr. Paine has neglected all these. Johns Hopkins and James Lick did not neglect all of them—they did not forget their neighbor; their money was given to the State.

"Mr. Paine, therefore, was insane, and Johns Hopkins and James Lick were not."

As to the motives of misers and what induces them to suffer hunger and thirst with money at hand, and finding agreeableness or happiness in it, I quote here some passages from the London Spectator:

"It is a pity that there is no autobiography of a miser, for there is no kind of exceptional man who average men find it so difficult fully to comprehend. Indeed, they generally give up the attempt to comprehend him, and when they come across on indisputable case like that of Mr. Batchelor, of Epsom, whose death in an infirmary is recorded this week, they avoid the difficulty by declaring that he must have been insane. No one, they think, in possession of his reason and £2,000 would suffer himself to be killed by personal privations. As, however, they do not pronounce any other kind of ascetic insane, but, on the contrary, frequently count his self-discipline to him for virtue, the explanation seems, when carefully considered, a little feeble. Whatever else a miser may be, he is certainly an ascetic. Under the dominance of an idea he deliberately refuses his body the indulgences it craves, limits food to the least which will support life, regards warmth as a sinful luxury, wears only the clothes without which the police might arrest him, and in extreme cases, like that of Mr. Batchelor, faces the elements with as much composure as ever did St. Simon Stylites, who had a milder climate to contend with. The miser's soul certainly dominates his body if there be such a thing as domination, and he himself is entitled to the credit of subduing the flesh through long periods of time—often, indeed, through all his mature years. It is not the self-subjugation of the miser, however, but the inadequacy of the apparent motive for it which has earned the contempt of the world, and it is worth while to consider for a moment what this motive may really be. It is usually explained as a thirst for gold, and though the majority of mankind has always thirsted for gold, and probably will always thirst for it, gold giving them at once power and freedom, they retain enough belief in the superority of mind over matter to consider avarice a contemptible vice. It is to be noted, however, that, absorbing as their base passion may be, misers rarely surrender themselves to it so far as to lose all self-control. Usually, except in their dealing with Poor Law Guardians, they are honest enough, and refrain from stealing with commendable self-command. Mr. Batchelor, for example, who, with thousands of pounds in coin actually in the house, denied himself even necessaries, and walked about barefoot to collect his rents, never stole anything, though he must have had endless opportunities. Nor did Elwes, the Suffolk miser, who, with an income said in county legends to be still perceptible in the accounts of the Earls of Ellesmere, would accept gifts of soup and then find himself unable to spend the pence necessary for its cooking. Misers are not insane or ungovernably avaricious, or they would run

amuck at shop windows; and we suspect that Sir Walter Scott exaggerated the want of self-control in the old usurer of "The Fortunes of Nigel.' But, being sane, what is it that induces them to act in so irrational a way? Why, with money at command, will they not buy clothes, or food, or firing? They have clearly no magnificent hope to sustain them, like the monks of the Thebald, for they know just as well as other people that they can not carry money to the next world, and that whatever counts to their credit there, unused accumulations will not. Yet they go on accumulating to the latest gasp, a reformed miser —if a real one, and not a man who saves with a definite and attainable object—being a character more frequent in fiction than in real life.

"We suspect that we get the best hint of the real truth from the gibe of the old laborer who told his master, 'I be a braver man, master, than you be, for I durst spend my last farden, and you dursen't.' In other words, the root of miserliness is fear, fear of the extreme poverty, to avoid which at some indefinite future time the miser faces all its consequences in the present. That is a state of mind not uncommonly displayed in other directions, as when a man shoots himself in terror of being shot, an incident occasionally recorded in the barrack rooms of almost all armies. The instinct is perceptible in many animals, dogs, for instance, accumulating and burying bones, and guarding them with hot jealousy, though they know that good meals are awaiting them inside. The root cause of thrift, which we all admire and preach because it is so convenient to the community, is fear, fear of future want; and that fear, we are convinced, when indulged overmuch by pessimist minds is the most frequent cause of miserliness. The man does not want the gold so much as the protection from the danger of wanting it. His terror gradually increases until it nearly masters him—not quite, or he would steal—until it actually in a very singular way sweeps way part of his avarice. It is a notorious fact in the lives of great misers that so acute is their terror of robbery that they will sacrifice willingly large sums obtainable in interest rather than suffer their accumulations out of their sight. Mr. Batchelor, for example, who knew well enough all about rents and interests, practically paid £100 a year to keep his gold—more than £2,000 — within reach of his hands. It is an imaginative terror which makes the thrifty man into the miser, and induces him to postpone all wants, even the most necessary, to the pursuit of a safety from want which he can never reach. We ask any man conscious of the saving instinct, which is as separate and as strong in some natures as any other passion, if this is not true. This fear once indulged and the habit set up, other motives come in, one being a kind of gloating pride based on the difference between the miser's real position and the estimate formed of him by his neighbors. He is always exulting to himself over their want of insight, their wasted pity, their recklessness, when he himself is so careful and fore-thoughted. The true miser exults in his treasures, which have grown in value in his mind as he contemplates them, just as the treasures of the art collector do, or of the book lover. Fifty years ago, when education was more narrow in area, this kind of growth was a phenomenon visible in most respectable and sane households, their inmates, especially passees women, treasuring up rubbishy little jewels, boxes and curios with a conviction, increasing with every year, of their high pecuniary value. Old wills are full of evidences of such delusions. And then comes in what is perhaps the strongest motive of all—the endless charm of endurance. Many, perhaps most of our readers, will hardly understand what we mean, but all who know Asiatics or the poor of our own villages will at once acknowledge it to be true. There is a charm in bearing quietly what others have not to bear, in forcing one's self through the long, monotonous and perhaps distasteful task, in suffering on without quailing when naturally one ought to quail. The motive may often be the sense of duty, strongly felt, for example, by coachmen as well as soldiers, but it is often also an inner pride in one's own capacity to endure without wincing under the painful or the disagreeable. The sentry in the snow perceives the snow and hates the snow, but in defying the snow credits himself with being more of a man than he himself had thought. The miser who goes barefoot that the shillings may heap up feels his own firmness, his own steadfastness of purpose, his own self-domination, and, in a more or less chuckling way, is proud of them all. He has reason to be, too, the thing wrong with him being not so much his perfectly excusable acts, most of which are necessarily self-suppressions, as the baseness or irrationality of the motive for which they are performed.

"Is there then no charm or glamor in gold itself which attracts, and in a sense overpowers the miser, though it does not often induce him to steal it? There may be in some cases. Doctors say that kleptomania, though so often pleaded as a lying defence, really exists, especially among children, and that it is in some way mysterious-

ly limited and defined, the full strength of the passion being excitable only by certain objects, usually shining. The pursuit of gold for five thousand years may have bred in the mind a hereditary tendency toward its acquisition, as a concrete and visible article, which is, we may remark, as often manifested by the rich as by the poor. Asiatics often hoard coin and jewels to their own hurt, knowing that their possession involves extreme danger, and we could ourselves relate two authentic stories of great accumulations of gold coin made by Englishmen who seemed to derive pleasure from its actual sight and touch. These are, however, we fancy, rather illustrations of the collector mania, so often described and analyzed in the case of books and china, than instances of true miserliness, which is based, we are convinced, rather on fear and an abnormal kind of mean pride than on the passion for hoarding. That is often divorced from avarice. It was not for their value that George IV kept every coat he had ever worn, or that Mr. Blank bought wardrobe after wardrobe in which to preserve every morsel of clothing that had ever been in his possession."

I do not think these explanations of the Spectator, apply in such cases as I have met, certainly not to Mr. Paine's case; fear of poverty could not have been his motive, he reveled in poverty. The very fact that he left all, to one not entitled to it, and that he had never felt anything but kindliness for his brother Robert Treat Paine, who had supported him for years, believing that he had lost his money, would show, that James Henry Paine, "the miser," had lost some sense of duty. If he had seen the right thing to do, he would have at the same time seen that it was his duty to do it, whether he had attributed it to God or not. Nor does the Spectator's explanation apply any better to the saner cases of Johns Hopkins and James Lick, in whose miserliness, more enduring purpose was a main factor, as we see it, with or without happiness, to them during their lives.

"Our illusion of free-will," says Spinoza, "is only ignorance of the motives which make us act." Sane and insane imperative conceptions govern all of us; sometimes enduring, at other times more impulsive and short-lived.

There is a wealth of reasoning in what Bey Pollak has written in his "Miser:"

"Gold! many hunted sweat and bled for gold—
Waked all the night and labored all the day.
And what was the allurement dost thou ask?
A dust dug from the bowels of the earth,
Which being cast into the fire came out
A shining thing, that fools admired and called
A God! And in devout and humble plight
Before it kneeled, the greater to the less.
They, on its altar, sacrificed ease and peace;
Truth, faith, integrity, good conscience, friends,
Love, charity, benevolence, and all
The sweet and tender sympathies of life;
And, to complete the horrid murderous rite,
And signalize their folly, offered up
Their souls and an eternity of bliss
To gain them what? An hour of dreaming joy.
A feverish hour that hasted to be done,
And ended in the bitterness of woe.
Most, for the luxuries it bought, the pomp,
The praise, the glitter, fashion and renown.
The yellow phantom, followed and adored,
But there was one in folly further gone,
With eye awry, incurable and wild,
The laughing stock of devils and of men.
And by his guardian angel quite given up;
The Miser, who with dust inanimate,
Held wedded intercourse! Ill guided wretch!
Thou might have seen him at the midnight hour,
When good men slept, and in light-winged dreams,
Ascended up to God—in wasteful hall,
With vigilance and fasting, worn to skin
And bone, and wrapped in most debasing rags,
Thou mightest have seen him bending o'er his heaps,
And holding strange communion with his gold;
And, as his thievish fancy seemed to hear,
The night man's foot approach, starting alarmed,
And, in his old, decrepid withered hand,
That palsy shook, grasping the yellow earth,
To make it sure.
Of all God, made upright,
And in their nostrils breathed a living soul,
Most fallen most prone, most earthly, most debased.
Of all that sold eternity for time,
None bargained on so easy terms with death.
Illustrious fool! nay, most inhuman wretch,
He sat among his bags, and, with a look
Which hell might be ashamed of, drove the poor
Away—unalmsed, and mid abundance died.
Sorest of evils!—died of utter want."

Yet though the miser's sum of human happiness is addition, he dies happy.

The money-making Jews enduring qualities have been acquired, in spite of their long and irregular hours, periods of strain and periods of idleness, scanty nourishment, dirt and overcrowding, casual charity; all the conditions which ruin the Anglo-Saxon and other gentile inhabitants seem to leave unhurt the moral and physical fibre of the Jew. He does not trouble himself about the conflicting ideals, the manifold devices, the complex necessities of our social life; but resists the temptations of great cities, and aims only at securing the reward of his law—"length of days and riches." With few exceptions the men remain sober, the women chaste and all sacrifice comfort and ease for their offpring,. All this is agreeable, and the Jew dies happy.

Victor Hugo said truthfully, "The death of a just man is like the end of a beautiful day." Anybody familiar with the writings of Hugo, well called "The Great French Peasant," will recognize certainly his thought, if not his exact words, in the following sentences:

"There are no occult forces. There are only luminous forces. Occult force is chaos, the luminous force is God. Man is an infinite little copy of God; this is glory enough for man. I am a man, an invisible atom, a drop in the ocean, a grain of sand on the shore. Little as I am, I feel the God in me, because I can also bring forth from out of my chaos. I make books which are ore-

ations; I feel in myself the future life; I am like a forest which has more than once been cut down—the new shoots are stronger and livelier than ever. I am rising, I know, toward the sky. The sunshine is on my head. The earth gives me its generous sap, but heaven lights me with the reflection of unknown worlds. You say the soul is nothing but the result of bodily powers. Why, then, is my soul more luminous when my bodily powers begin to fail? Winter is on my head and eternal Spring is in my heart. There I breathe at this hour the fragrance of the lilacs, the violets and roses as at twenty years ago. The nearer I approach the end the plainer I hear around me the immortal symphonies of the worlds which invite me. It is marvellous, yet simple. It is a fairy tale, and it is history. For half a century I have been writing my thoughts, in prose and verse, history, philosophy, drama, romance, tradition, satire, ode and song. I have tried all, but I feel that I have not said a thousandth part of what is in me. When I go down to the grave I can say like many others I have finished my day's work; but cannot say I have finished my life. My days will begin again the next morning. The tomb is not a blind alley; it is a thoroughfare. It closes on the twilight to open on the dawn."

The above speech was reported, it is said by the poet's friend, Housaye, who says Hugo at that time showed no sign of old age and made the speech impromptu in answer to some atheists.

I have uttered here some thoughts which present the problem of life, from various view-points, and the living of it. It is not a matter of willingness at all, but a matter of capability. Discord is in the world—here by divine ordainment; and human mortals are wholly irresponsible. What is agreeable to me, is not because I chose it, but because I was created that way.

The words quoted from Victor Hugo are beautiful. They are interesting—very to one inclined to believe in a spirit ether. But therefore to me, they are less to be deemed the final universality. The Involution has no end. The great feature working principle of Nature is Motion; and motion means displacement, and that means distress. If the Creator were benign, good, no evil would be in the world. No apology can be accepted, for the Natural Law on earth. On the cross Christ said: "My God, why hast thou forsaken me?" On his dying bed, McKinley said: "It is God's way." Man is not the cause of evil; he is the victim. Why is it that Good is difficult to attain, and difficult to retain, while Evil is difficult to avoid? Why is good unattractive and austere; and evil seductive (ever as in Eden, introduced by God, according to the Christian and the Hebrew belief)? It is because Nature and the Ordainer of Nature is fraught with evil and, as Emerson said: "God has made nothing perfect, and out of this imperfection thousands obtain livelihood."

I will bother no more with these thoughts now. Indeed writing them has become such a labor, and I am become inept at words that I feel I shall do but little more except in the consideration of beef, beans and beer—physical existence.

Before this year closes it is likely that some juggernaut will shorten the journey "to the river" of some of us. Well—so be it.

Those who cast themselves beneath Vishnu's wheels we are not at all grateful for having lived.

At fourteen years, we lay out for ourselves the life we prefer, perhaps that of a minister of the gospel, and take our course, in the dead languages, Sanscrit and Latin, at one or another collegiate institute, a so-called "seat of learning." At 60 we see where we have reached. Sometimes a sense of intense loneliness comes over us, some degree of loneliness is always with us; a restlessness which the "go" of the steet will not scatter. Those whom we meet are younger than ourselves, by twenty years perhaps; no community of thought. We cannot read clearly the lessons of life, perhaps by reason of our decay; we cannot see what we have written on life's page. Life has been for us, as we analyze it, a vast humbug on the part of the Law of Things. It is now seen that the Bacillus is omnipresent—the agent of destruction in mind and matter. Life is a dream from which the Scientist awakes us from time to time.

Contamination of Lake Michigan.—A movement is on foot for the organization of a health board of municipalities along the south end of Lake Michigan, for the purpose of devising ways and means of disposing of sewage instead of permitting it to flow into the lake to contaminate the people's water supply at a recent meeting held in Michigan City, it was decided to call together the health boards and other officers of the towns along the south end of the lake to meet in conjunction with the state boards of Indiana and Illinois, to promote the movement to protect the water supply of the lake from further contamination. Dr. W. A. Evans, Health Commisisoner of Chicago, is the prime mover in the plan.

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OFFICIAL TRANSACTIONS.

REPORT OF A CASE OF CONGENITAL HERNIA WITH UNDESCENDED TESTICLE.*

THEO. FREEDMAN, M. D.

ST. LOUIS.

THE case for presentation is one that excited double interest. The patient, a boy of eleven, was brought to the hospital on the evening of December 26th, in an unconscious condition, as the result of acute alcoholism. He was given vigorous stimulating treatment, and in a short time came to.

Shortly afterwards it was observed that the boy presented a congenital hernia of the left side, with a condition of undescended testicle on both sides, the scrotal bag being empty.

Examination revealed the left testicle in the inguinal canal at the external opening, but the right was not palpable. General examination of the patient showed him to be in good physical condition, except for a slight bronchitis and he was recommended for operation at a suitable time. Up to this time nothing definite had been figured as to the right testicle, and it was generally supposed to be in the abdominal cavity.

The boy had never made any complaint of trouble, except at times when his hernia pained him. It was, therefore, decided to do herniotomy and so fix the tesicle, and accordingly the patient was prepared. The operation was performed by Dr. Kirchner, assisted by Drs. Shutt and Glaser, on January 23d

Operation..—An incision was made parallel with Poupart's ligament on the left side. The aponeurosis was divided and the finger pushed into the scrotal sac. The hernial sac was lifted up and dissected free from the surrounding tissue. It was opened up, and about half way down, a testicle the size of a hazel-nut was found. Traction on the testicle revealed at the internal ring on the same side, a second and similar body, only smaller. This was a very unusual condition of affairs and resembled a good deal an ordinary Fallopian tube with its annexed ovary. It was very evident, however, that we had to do with a case in which both testicles were descending through the inguinal canal on the left side. By careful dissection, both testicles were separated from the sac in which they were located and isolated. The epididymus was distinguished only as a comminuted tuft which, however, was not adherent to the testicle in the usual manner. The skin over the fascia of the rectus muscle was loosened and entrance was made into the left scrotal cavity. At the most dependent portion of the scrotum on either side a small incision was made through which forceps were passed.

On the right side the forceps were passed through the opening in the scrotal sac and up through the inguinal canal. Another pair were passed from the inguinal opening behind the bladder to the opposite side. With the forceps in this position, the right testicle was grasped and pulled through the new opening on the right side, through the inguinal canal into the scrotal cavity, to the base of which it was sutured with catgut.

The left testicle was deposited in like manner and secured to the base of the left scrotal sac. Both cords were sutured where they left the abdominal cavity. The hernial sac which was as large as a goose-egg was cut away and closed with continuous catgut.

The remainder of the operation proceeded as in an ordinary Ferguson, silk worm-gut drain being placed through the scrotal cavity on the left side.

The patient made an excellent recovery, the herniotomy wounds closed by first intention, and in ten days the patient was able to sit up and was on the way to rapid convalescence.

*Read at the meeting of February 20, 1908.

SECONDARY HEMORRHAGE AFTER OPERATION FOR HEMORRHOIDS.*

LOUIS RASSIEUR, M. D.

ST. LOUIS, MO.

Instructor in Surgery in the Medical Department of the St. Louis University.

I recite this case report for the following reasons:

1. On account of the frequent allusion to secondary hemorrhage in connection with the clamp and cautery operation for hemorrhoids, and the absence in the literature, both American and foreign, of explicit reports of such cases.

2. The value of careful post-operative observation even in a case of so trivial operation as this.

3. To illustrate how large occult bleeding into the rectum may be, and how favorable the prognosis.

Mrs. B. S., age 34; weight 89 pounds; housewife; was admitted into the Lutheran hospital November 10, 1907. She presented large internal hemorrhoids and a prolapse of the anus for about one inch on pressure.

The clamp and cautery operation was made. The clamp was applied at 12, 4 and 8 o'clock if you will permit the metaphor. After the method of Lillienthal (1) the anal region was pie-crusted, thereby lessening the pain, the edema and the danger of subsequent infection. She felt very well until the evening of the fourth day after the operation. Some one screamed fire. She got out of bed and ran into the hall. I saw the patient on my morning rounds and found the cauterized wounds were no longer coapted, but pulled apart and gaping. There was no hemorrhage but some pain. Temperature rose to a degree above normal. On the morning of the sixth day after operation patient expressed the desire to move her bowels. She was encouraged not to have an action. The same day at 10:45 p.m. her pulse was 100, her temperature 96.6 deg. She was prespiring freely. Her extremities were cold and clammy. Her desire to move the bowels was intense. At 11:30 p.m. her temprature was 95.4 deg. per os. Her bowels moved. The motion consisted of forty ounces of liquid veinous blood, a few large clots, no free fibrin and two small scybala. At 12 p. m. her pulse was 90 and her temperature 96 deg. At 1:45 a.m. patient was anesthetized with ether. Anus was dilated with fingers. The three different incisions were found widely gaping, containing fragments of clotted blood One blood clot was one-half the size of a coffee-bean. There were no distinct bleeding points. Wounds were edematous and infiltrated. The 4 o'clock incision was discrete and was coapted in the long axis of the bowel. The 12 and the 8 o'clock incisions had coalesced practically destroying the pile-bearing area as effectively as does the Whitehead operation. This wound was united in the transverse axis of the bowel; a No. 1 ten-day catgut and a round needle was used. One yard of a one inch iodoform guaze was placed into rectum for twelve hours. There was still a little liquid blood in the rectum. At interval of two hours 400 c.c. of a physiologic saline solution was given under the skin twice. Next morning at 9, pulse was 114, respiration 20, temperature 99.8. She was anemic but feeling fine. Sixteen days after operation patient was discharged from hospital, with rectum practically healed; anemia had left her. She felt fine.

I looked through the index medicus of 1903, 04, 05, 06, 07 and the Jahresberichte of 1904, 05, 06, 07 and found the following:

(2) Adler had two cases where a slight bleeding had occurred soon after patient was put to bed. Bleeding was from external piles and unimportant.

(3) Randell reports a bleeding after a ligature operation, which was arrested by plugging for twenty-four hours.

(4) Rogers saw a case bleed to death after clamp and cautery operation. He saw another case with blood in the stools after this operation.

(5) Liebermann had one case of violent arterial hemorrhage, causing healing by granulation among 36 clamp and cautery operations.

(6) Murray had a male patient, age 48, height 6 foot 2 inch; weight 185 pounds, with bleeding internal piles. December 12, 1906, he did a clamp and cautery operation and ligated two bleeding vessels. December 21, 1906, patient had an occult hemorrhage of forty-five ounces. He was almost pulseless. He was anesthetized with ether. On examination a branch of the superior hemorrhoidal artery was found bleeding into the rectum. It was ligated. Patient was stimulated. January 1st patient sat up in bed. January 7, 1907, patient was discharged cured. Three years previous Murray had another case of moderately severe scondary hemorrhage after this operation, which he controlled by packing the rectum.

LITERATURE.

(1) Lillienthal, Annals of Surgery, Vol. 41, page 458.
(2) Adler, Therapeutic Gazette, March 15, 1906.
(3) Randell, Practitioner, Vol. 77, page 107.
(4) Rogers, Annals of Surgery, Vol. 41, page 459.
(5) Jahresberichte, 1903, Vol. 9, page 703.
(6) Murray, New York Medical Journal, January 25, 1908

Metropolitan Building.

A certain Chcago concern that advertises and sells a wonderful hair restorer publishes among its testimonials a letter from a young lady who naively says that "since using this preparation my head is fairly teeming with life." We recommend the young lady to rub in sulphur and vaseline and use a fine tooth-comb.

A CLINICAL STUDY OF A CASE OF ADIPOSIS DOLOROSA.*

WILLIAM W. GRAVES, M. D.
Instructor in Neurology in St. Louis University; and
W. H. COOK, M. D.
Assistant Physician in St. Louis City Hospital.
ST. LOUIS.

THROUGH the courtesy of Dr. Walter C. G. Kirchner, superintendent of the St. Louis City Hospital, we are permitted to present the clinical history and findings in a case of adiposis dolorosa, which has been under observation in the hospital since October, 1907.

Adiposis dolorosa may be classed among the infrequent diseases. It was first recognized as a clinical entity by F. X. Dercum, in 1888, and described by him in that year under the title "A Subcutaneous Connective Tissue Dystrophy of the Arms and Back with Symptoms Resembling Myxedema," and in 1892, he reported three cases under the title, "Three Cases of a Hitherto Unclassified Affection," and called it adiposis dolorosa.

Since Dercum's communications his observations have been verified many times in this country as well as in Europe. Weiss, in 1904 was able to collect forty-five references from the literature and made this collection the subject of a study of the disease, and in concluding his article describes the disease as follows: The disease occurs in individuals after the middle period of life, most frequently in women in whom neuropathic or alcoholic history is frequently found. It may develop after menstrual disturbances, incident to the menopause, after trauma, or without such history. It is characterized by pathological subcuaneous fat accumulations which may vary from single lipomatato diffuse adiposity occurring about the trunk and extremities, but never involving the face, hands, nor feet. The fat accumulations may be tender to pressure and in the beginning of the disease or accompanying it pain of neuralgic character is prominent. Accompanying this picture disturbances in the motor, the reflex, the sensory, and the trophic functions of the nervous system disturbances and occur in mentality are common. The course of the disease is chronic and progressive and is little if any influenced by treatment. The pathological findings in conjunction with theoretical considerations seem to point to a disturbance in function of the thyroid gland as the principal etiological factor in the disease.

C. R., a negress, age 62 years, was admited to the city hospital October 16, 1907, on account of an ulceration of the left leg.

Family History.—The patient was separated from her father in the early years of her life and has never heard from him since.

She lived with her mother till fifteen years of age, and she is said to have been a strong healthy woman and was corpulent. The patient had three brothers; one died in infancy and the others grew to manhood, and as far as the patient knows are living and healthy. Three sisters reached adult life, but she knows very little about them. None of her brothers or sisters was corpulent.

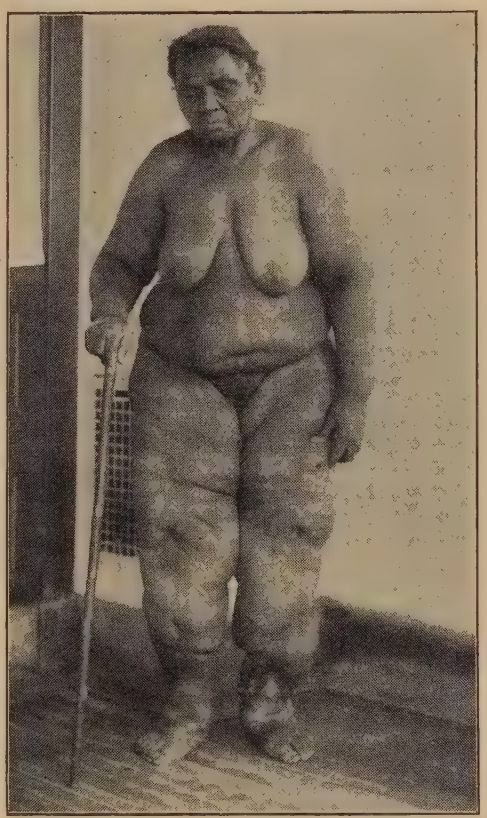

Fig. 1.—Shows characteristic expression and attitude of patient when standing and viewed from the front Note the absence of fat accumulations about the face, hands, feet, neck, upper chest, and shoulder girdle regions; also the pendulous breasts and abnormal fat accumulations about the forearms just above the wrists, of the abdomen, and lower extremities; and the hyper-pigmentation of the abdomen, of the anterior surface of the thighs and the lower third of the legs, and the ulceration about the left leg.

Personal History.—The patient had the usual diseases of childhood, but has never had serious illness, nor injury since then. She was married before her twentieth year and had nine full term pregnancies with one miscarriage. Six of her children died during infancy; one daughter died at 11, and another at 15; a son lived to be grown, but has since disappeared. This patient denies every form of venereal disease and was never addicted to the use of alcohol. The menopause occurred in her fiftieth year.

Present Trouble.—About six years ago the patient began complaining of shooting pains in the lower extremities, and these have been more or less continuous ever since. About this time she noticed an increase in size of her hips and lower extremities and in the course of time locomotion became difficult, so that for the last two or three years she has been compelled to use a cane in walking. About four years ago, an ulceration developed at the inner side of the left leg, and this has been very painful. It would heal at

Fig. 2.—A Posterior View.—Note the abnormal fat accumulations about the extensor surfaces of the arms, the two large folds passing forward about the trunk, the massive fat accumulations in the gluteal, lower thigh, calf, and lower leg regions, all showing a striking symmetry.

times and then break out again. She has also complained of general weakness and on account of this, has been unable to do much work for the last two or three years. Before coming to the hospital she never complained of pain in any other part of the body, but for the past two months in addition to the pains in the legs she has complained almost constantly of pain radiating about the left side of the abdomen and in the region of the navel and the epigastrium.

Present Condition.—The patient has a rather senile, fixed, depressed, and unhealthy expression; she is slightly stooped. Her weight is 245 pounds, and her height 5 feet 8 inches. Her gait is slow and she slides her feet along the floor in walking. Her head and face are large and massive. Her hair is spare and her eyebrows and eyelashes thin. There is only one tooth in the upper jaw and four snags in the lower. The buccal mucous surfaces show nothing abnormal. Arcus senilis is very marked on both sides. The radial vessels are palpable, the heart sounds normal, the cardiac dulness not increased, and the pulse regular. The average pulse, respiration, and temperature since coming under observation are respectively 88, 24, and 98.7 F. The pupils are equal and react normally. The visual fields by coarse test are normal; eye grounds normal. The cranial nerves are intact. There is no abnormal fat accumulation about the face, shoulders and upper chest regions, and the neck region is abnormally free from fat deposits. The dorsal surfaces of the hands and feet are wrinkled and here the skin is thin and may be picked up in large folds.

When the clothing is removed abnormal, rather symmetrical, fat accumulations are noticeable, especially about the posterior surfaces of the arms and dorsal surfaces of the forearms. On the arms when these are abducted at the shoulder a great fold hangs downward, and when the arm is resting at the side this fold almost completely covers the elbow joint posteriorly. The breasts are rather large, pendulous, and flabby, but their mass is made up of glandular tissue and is strikingly free from fat accumulations. When the trunk is viewed from the rear two distinct folds are seen extending about the trunk, the one hanging as it were from the scapulae and the lower rib margins, the other from the lumbar region; these coalesce in front, forming a common fold which overhangs somewhat the pubes and upper aspect of the thighs; the navel is in the centre of this fold within a deep transverse fissure.

There is a rather hyper-pigmentation of the skin about the lower part of the trunk and abdomen, but at the waist line on either side and running horizontally, more marked on the right than on the left, are irregularly shaped areas where there is absence of pigmentation. Both gluteal regions and the entire lower extremities excepting the feet are misshapen and the seat of coalescing tumor-like masses, presenting striking symmetry. The normal contour of these parts is entirely obliterated from the iliac crests to the insertion of the Achilles tendons. The gluteal regions are cone-shaped

and extend directly backward from the mid-gluteal region a distance from the trochanters of thirteen inches. The inter-gluteal fold runs somewhat obliquely downward and to the left and is very deep, the oblique direction being due to the somewhat greater fat deposit on the right than on the left side. The transverse gluteal folds are also very deep. Palpation of these parts shows them for the most part to be free from nodules, but at their apices unevenness in contour may be both seen and felt. Over the anterior, lateral, and posterior surfaces of the thighs coalescing tumor-like masses may be felt, but on the posterior surfaces are enormous pendulous masses hanging downward over the popliteal spaces obliterating them completely. The symmetry of these masses is very striking and at their most pendulous portions grape-like nodules are present. When the patient is seated these masses hang down as low as the middle third of the leg and when either thigh is viewed from the side the greatest diameter at this point is about twice that of its upper third. The normal contour of the knee-joint is entirely obliterated and the patellae are surrounded by and buried beneath lipomatous masses. Over the upper two-thirds of the legs laterally and posteriorly as well as anteriorly the coalescence of irregularly shaped lipomatous masses is marked by distinct furrows, and to the ankle joint posteriorly and to the malleoli laterally smaller nodular accumulations are found.

Measurements taken at the time of admission with the patient standing, over the greatest circumference of the following named parts are as follows: Lower end of forearm 8½ inches; of arm 19 inchs; about the calf region 24 inches; over the mass in the popliteal space 32½ inches; over the thighs, upper portion 30½ inches; about pelvis and gluteal regions 54 inches; about the abdomen at the level of the umbilicus 51 inches; about the chest 39½ inches.

There is an indolent ulcer with indurated edges over the inner aspect of the left leg 3 inches above the internal malleolus. There are no varicosities about the lower extremities.

The skin over the lower two-thirds of the legs and feet is hyper-pigmented but thin and the tissues beneath show marked induration, especially over the lower third of the legs and much less over the dorsal surfaces of the feet. Pes planus is marked on both sides. The toe nails are deformed and show trophic changes. No abnormalities are noted about the finger nails. Firm pressure over the apices of the lipomatous masses provokes evidence of pain as does deep pressure over the course of the femoral, sciatic, tibial and peroneal nerves. Pressure over the indurated lower third of the legs, especially over the nodular masses found in these parts causes great pain. Neither the accessible nerve trunks of the upper extremities nor the lipomatous masses about them are especially tender to pressure. There are a few tender points about the abdomen within the area the seat of almost continuous pain during the last two months. The linea albicantes are well marked and similar striae are noticeable about the upper anterior and

Fig. 3.—Left Lateral View Standing.—Note the cervico-dorsal kyphosis, the cone-like shape in the gluteal region, and the pendulous fat masses about the anterior and posterior surfaces of the lower extremity, especially the posterior surface.

lateral aspects of the thighs and in the vicinity of the axillae anteriorly. The skin is soft, rather dry, and smooth over the lipomatous masses, and the axillae is void of hair and the skin of the body generally is free from hair, and it is nowhere abnormally tense. The muscles of the lower extremities cannot be palpated. It is only in the regions of the neck, shoulders and the recti of the abdomen, and the biceps that muscle tissue can be felt and this feels normal. The patient is able to make all voluntary movements except in those parts where the lipomatous masses interfere with joint excursions, as in hyper-knee flexion. There is, therefore, no

loss in muscle function, although the coarse strength is somewhat less than would be expected; this is notably true in hand grasps. Neither the Achilles nor the patellar reflexes could be obtained, although repeated efforts to elicit them were made. The radial and triceps reflexes are active but equal on the two sides. The sole reflexes are normal. The abdominal reflexes are absent. Excepting over the indurated areas of the lower third of legs, there is no out spoken loss in sensation of any quality. Here cotton-wool and painful stimuli show slight diminution. The

Fig. 4. Shows Right Lateral View.—The same general characteristics as Fig. 3.

thyroid gland cannot be palpated. There is a slight cervico-dorsal kyphosis. The spinous processes are not increased in size and there is no deformity about the clavicles nor are the bony prominences about the skull abnormally marked. There is no abnormality about the external genitalia. The mons veneris is free from abnormal fat accumulation, and the growth of hair here is less than normal.

The lower margin of the liver may be palpated through the thickened abdominal wall. There is no enlargement of the spleen. Examination of the lungs reveals nothing abnormal. The lymph glands are nowhere palpable. Repeated examinations of the urine show negative findings. The blood examination shows erythrocytes 5,080,000; leucocytes 4,500; hemoglobin 85%.

Little change has been noticed in the patient's condition since she came to the hospital, except perhaps some slight increase of the lipomatous masses and the occurrence of pain before mentioned. The ulceration responded to treatment and is now entirely healed. The mentality of the patient is about the average of her race and station. Her memory is good for remote events, but in getting her history, and in questioning her about recent occurrences, it is noted that this is very defective. She is depressed, takes little interest in other patients or in her surroundings. She will always talk about religion when spoken to on this subject but takes little interest in anything else.

Comment.—A consideration of the family history of our patient does not disclose hereditary predisposition to any disease nor distinct predisposition to obesity. Her mother was a large woman, but no other member of her immediate family was corpulent. A consideration of her presonal history affords only negative information concerning trauma, alcoholism, menstrual disturbance, or any condition which might in any way be made responsible for the development of the strange disease with which she has been afflicted for the past five or six years. Before the development of the present trouble, she had never been seriously ill, had given birth to nine healthy children, and had doubtless been a hard working woman of her class. Though she states that she was always considered rather corpulent, neither her history nor the physical examination discloses evidence that she was abnormally so before her present trouble began.

It would appear from her history that the first symptom complained of was pain of a shooting character about the lower extremities and this has been more or less constant and confined to these parts until just recently when she developed pain of half girdle character about the left side of the trunk. The next symptom noticed by herself was weakness and disturbed locomotion with increase in size of the legs, and for three or four years she has been troubled with a painful ulceration in the left leg.

A consideration of the physical findings discloses an individual presenting an unhealthy appearance with no abnormality about the ends of the body excepting trophic changes of the toe-nails; deficient fat de-

velopment about the dorsal surfaces of the hand and feet and about the neck and shoulders and upper chest region with abnormal fat deposits about the body, especially about the lower extremities. About the upper extremities and trunk these deposits are rather diffuse, but over the lower extremities they are made up of many coalescing tumor-like masses presenting in certain localities a diffuse appearance, in others, they are distinctly nodular and there is very striking

Fig. 5.—A Right Lateral View Sitting, Showing Pendulous Fat Accumulations.— About the posterior surface of the arm, the posterior folds about the trunk coalescing laterally and anteriorally; the prominent gluteal region, the pendulous mass in lower thigh region obliterating the normal contour.

symmetry in the development of the abnormal fat accumulations on the two sides of the body. The tumor masses, epescially their apices, are quite tender to pressure and there is tenderness along the accessible nerve trunks about the lower extremities, but no such tenderness is noted about the nerve trunks of the upper extremities. The skin about the body is dry, but nowhere tense nor indurated, nor is there anywhere pitting on pressure, and is remarkably free from the presence of hair, and in normal locations this is deficient. In certain localities it is hyper-pigmented, especially about the trunk and lower third of the legs, and about the trunk, areas of vitiligo are found within the pigmented area. There is no decided loss of sensation even over the distal ends of the lower extremities. The tendon reflexes in these parts are absent, whereas in the upper extremities, they are active and equal. The abdominal reflexes fail; the sole reflexes are normal. The cranial nerves show normal function. Add to these findings the non-palpability of the thyroid gland and a moderate degree of arterio-sclerosis and otherwise normal vascular findings, and negative lung and abdominal visceral findings and we have before us a picture of the principal findings in our patient.

In establishing a diagnosis, were it not for the previous keen observations of F. X. Dercum in 1888, and the confirmation of his observations by many others since then, we should be at a loss to classify the symptom-complex met with here.

Considering the obesity as the most prominent symptom met with in our patient, we could not for a moment think of classifying it under lipomatosis universalis. While it is true, in most cases of obesity, lipomatous masses may be palpated here and there about the body, they are not abnormally tender, neither are they as a rule symmetrically developed, nor do they form pendulous tumor-like masses as are present in our case. Furthemore, in lipomatosis universalis there is a more or less diffuse deposit of fat about the body and not the entire absence of it in certain localities, as about the dorsal surfaces of the hands and feet and about the shoulders and neck regions, as noted in our patient. Again the alteration in reflex, sensory, and trophic functions as noted are symptoms never present in simple obesity. Such findings further exclude another form of lipomatosis known as lipomatosis perimuscularis circumscripta.

The absence of hair about the body, its deficiency in normal locations, and slight dryness of the skin, with non-palpability of thyroid gland, might cause one to think of myxedema. Especially so since we remember that myxedema most frequently occurs in females and often after the middle period of life. In myxedema, the skin of the face is almost invariably swollen, edematous looking, firm and elastic. The hands and feet also have a swollen appearance and the pseudo-lipomatous masses are frequently found in the supra-clavicular regions and the visible mucous surfaces are dry and swollen. The temperature in myxedema is almost always sub-normal, pulse is slow, and there is decided sluggishness of menaltity,

But none of these symptoms are present in our patient. Furthermore, in myxedema, the nerve symptoms, absence of reflex, spontaneous pain, and nerve trunk tendrness are not met with.

The massive appearance of the face and head and the cervico-dorsal kyphosis remind one somewhat of conditions met with in acromegaly, but we miss in our patient the enlargement of the hands and feet and nose and lower jaw, and the bi-temporal heminopsia so frequently found in this disease. Furthermore, lipomatous accumulations as

Fig. 6.—Left lateral view showing the same general characteristics as Fig. 5.

noted in our patient never occur in acromegaly.

Another disease that deserves consideration is elephantiasis. Especially so in this case since the lower third of both legs is the seat of induration and hyper-pigmentation. Elephantiasis is a chronic hyper-trophic disease of the skin aud subcutaneous connective tissue, accompanied by inflammation of the vessels and lymphatics, edema, induration, fissures, and warty growths. These conditions do not obtain about the lower third of our patient's legs. There is indura tion of the subcutaneous tissue, but the skin itself is not indurated in these parts and is entirely free from inflammatory reaction and warty growths.

From a consideration of the patient's history in connection withthe physical findings we believe we are warranted in excluding all of the diseases just referred to and in arriving at the conclusion that we have before us a case of adiposis dolorosa, or what seems to us to be a more appropriate name, Dercum's disease; not because the term is in any way expressive of its most prominent and constant symptoms, but because in recognizing the symptom-complex as Dercum's disease, we thereby pay just tribute to, and gratefully acknowledge the genius of one of America's greatest clinicians.

As interesting as it might be to theorize concerning the causation of the disease or to attempt an explanation of all the clinical findings noted in our case, we have thought it best to make no such attempt at this time, since we have reason to hope that one or both of us may be afforded the opportunity of founding such considerations on the anatomical findings in this case.

TUBERCULAR MENINGITIS—HISTORY OF A CASE.*

GEO. B. CROW, M. D.

ST. LOUIS.

W. J., a negro, aged 23, single, occupation coal shoveler; came to the hospital February 12th complaining of some pain in left side of chest and of soreness over entire body. Says he has had a hacking cough nearly all winter. During a cold early in January, sharp pains appeared in left side of chest and continued at intervals throughout the month. He felt badly generally, but kept at his work until about January 25th, when pains in chest became so severe that he quit work and applied for medical aid at the city dispensary. After this the cough and chest pains gradually disappeared, but aching pains appeared over entire body, he grew weaker, and had been in bed most of time for the week preceding his entrance here. During this time he had occasional chilly sensations but no distinct rigor; had occasional headache and thinks he had some fever for past three or four days. Appetite had been poor; vomited a few times; bowels constipated.

Temperature at time of entrance 99.6 deg; pulse 108, respiration 30

There is nothing of importance in the habits or family history of the patient.

*Read at the meeting of March 16, 1908.

Previous Health.—Had usual diseases of childhood, including scarlet fever, with no ill atfer-effect. Four years ago had sore on prepuce for two weeks, followed at once by an eruption about which he remembers little; says he took medicine handed out by a druggist for a few weeks. Had gonorrhea ten months ago. Has otherwise always been healthy.

Physical Examination.—Facial expression listless, attitude relaxed. Patient evidently weak, as standing a few minutes causes exhaustion. He is fairly well nourished; weighs about 150 pounds; height about 5 feet 8 inches; tongue slightly furred; breath foul.

Abdomen is negative.

Chest well formed. There is slightly roughened breathing over the lung apices, and somewhat distant breathing and diminished vocal fremitus over base of left lung posteriorally. Respirations about 30 and nares dilate and contract with inspiration and expiration.

Aortic second sound much accentuated. Heart otherwise negative. Pulse 108, regular, and of good quality.

There is slight enlargement of the inguinal glands. No scar on penis. In a rough examination of the nervous system nothing attracted attention except the extreme languor of the patient. No diagnosis was made. On account of the general pains, chilly sensations, and somewhat elevated temperature, influenza was considered, although no coryza was present. The general appearance of the patient also suggested typhoid. He was put to bed on a liquid diet. That night the temperature rose to 102 8 deg. and fell one degree the following forenoon.

On the 15th he complained of extreme soreness in right arm and wrist and of slight stiffness and soreness in the back of the neck; there was also some pain about left knee on flexion of leg on thigh. A suspicious Kernig's sign was present. Skin and tendon reflexes normal. Epistaxis had occurred a few times since his entrance, temperature was running about 101.5 deg. in the morning and 102-103 deg. in the evening; pulse 90 110, and typhoid was strongly considered; although the spleen was not enlarged, the abdomen was entirely negative, and Widal reaction absent.

A leucocyte count was then ordered and found to be 14,000. As no complication or associated condition capable of producing a leucocytosis could be made out, typhoid was considered practically excluded. Urinalysis had shown sp. gr. 1012-1018, clear, acid, traces of albumin, a few hyaline casts, no pus. Diazo reaction absent.

A differential leucocyte count showed: polymorphonuclears, 82.5%; small lymphocytes, 5%; large lymphocytes, 2%; transitional cells, 4.5%; eosinophiles, 1%; the hemoglobin estimate was 90%. Examination of the blood for malarial plasmodiae showed nothing. Constipation continues.

On the 17th another Widal was negative. Patient has slight cough and expectorates a small amount of muco-purulent material. in which no tubercle bacilli were found. Evening excerbations and morning remissions of temperature continue, pulse running about 100, rspiration 28. Neck still somewhat stiff and there is still a suspicious Kernig. Patient has no pain, feels perfectly comfortable.

On the 18th there was distinct tenderness over the spines of the upper cervical vertebrae, neck had become rigid, head thrown back, and a pronounced bilateral Kernig present. These findings were considered by Dr. Glaser and myself sufficient evidence upon which to base a diagnosis of meningitis, although patient had not since coming to the hospital shown any other symptoms of meningeal irritation unless the irregular pains in the extremities, the slight headaches, and occasional vomiting before mentioned were considered as such; neither was there any evidence of paralysis.

On the morning of the 19th a lumbar puncture was done and about 15 cc. of pale practically clear fluid under considerably increased pressure drawn off. This was sent to the laboratory where a single tubercle bacillus was found. A stained smear of the fluid prepared by Marie's method showed large numbers of lymphoctyes often as many as 20-30 in a single field with the $\frac{1}{12}$ objective. No polymorphonuclears were seen.

Two hours after the withdrawal of the fluid the patient remarked that he could move the head more readily and this was also objectively noticeable.

At this time patient was carefully examined for evidence of involvment of the central nervous system with findings as follows: Tenderness over the cervical spines; no evidence of cranial nerve involvement. Right abdominal reflex much weaker than the left and exhausts after a few strokes; right knee jerk slightly more active than left; suspicion of bilateral ankle clonus not positive; plantar reflexes present; no Babinski, Gordon or Oppenheim reflex obtained; tendon reflexes of upper extremities normal; Kernig's sign (bilateral) pronounced.

On the 20th the leucocyte count was 20,600. Upon request Dr. Shoemaker made an ophthalmoscopic examination and found nothing abnormal in the fundi.

Since that time observations were noted as follows: 21st. Kernig's sign more marked on right than on left. Patient comfortable. Still constipated—large doses of laxatives being necessary to evacuate the bowels.

23d. Patient sleeping more than usual past two days. Anorexia complete.

24th. No decided change. Another lumbar puncture was done and 17 c.c. of fluid like that obtained at the previous puncture was drawn off. Pressure was greater than normal, but less than at previous puncture. Examination of this showed presence of lymphocytes as before. No bacteria were found. No change noted in patient's condition following this puncture.

27th. A small area of distant tubular breathing with increased vocal fremitus was found over right lung posteriorly at level of inner angle of scapula. Dr. Shoemaker made another examination of the fundi and found them normal.

29th. General condition of patient improved; languor less marked, appetite better; Kernig's sign very mild if at all present. Temperature runs about 100 deg. in the morning and 101 deg. in the evening.

March 4th. Right pupil much larger than left; both react to light.

Since coming to the hospital the patient has lost much weight—about twenty pounds—but is apparently no weaker. Repeated examinations of the sputum for tubercle bacilli have always been negative. The rhythmical dilatation and contraction of the pupils upon extending and flexing the head described by Squires has never been noted. Calmette's reaction was negative.

The treatment has been eliminative and hygienic. If we were to question the finding of tubercle bacilli in the cerebro-spinal fluid—and that might be done as only one was found—leutic meningitis would be difficult to exclude, as there is a history of a sore and of some form of eruption, and the large number of lymphocytes in the fluid accords with that form.

However, on the history of a hacking cough for several months, and of pain in left side several weeks ago; of present evidence of a former pleurisy in that region shown by dulness, diminished breath sounds, and slightly decreased vocal fremitus over base of left lung posteriorally; and the presence of a small area of tubercular breathing over portion of right lung posteriorally, it is considered quite probable that a pulmonary tubercular focus is present. This together with the obstinate constipation, the temperature curve, the character of the cerebro-spinal fluid including the microscopic findings has lead to the diagnosis of most probably the tubercular form of meningitis; and as remissions have been so frequently noted in this form, the present apparently improved condition of the patient would perhaps strengthen the diagnosis.

HENRY PHIPPS has donated $500,000 to Johns Hokpins University for the erection of a new four-story building devoted to neurological research. A hospital will be conducted in connection therewith.

SWITZERLAND has crematories in Basle, Geneva, St. Gall and Zurich, and additional ones are about being built in Lucerne, Chaux de Fonds, Aaran, Neuchatel and Berne. The sentiment in favor of cremation is rapidly growing among the Swiss.

THE New York Post-Graduate Medical School and Hospital has recently established the chair of Modern Phthisiotherapy and elected Dr. S. A. Knoff as professor. We congratulate the party of the first part as well as the party of the second part.

ACCORDING to Public Health Reports, the total cases of plague at San Francisco, verified bacteriologically to May 16, were 121; total cases verified clinically, 38; total deaths, 77. The last case at San Francisco was confirmed by bacteriologic examination as plague February 8, 1908. Date of finding of last plague-infected rat, May 26. The last case at Oakland, Cal., died December 22, 1907. The last plague-infected rats at Oakland were found during the week ended April 11, 1908;. The only patient afflicted with plague at Berkeley, Cal., died September 1, 1907. The only one at Point Richmond, Cal., was taken sick November 27, 1907 and recovered.

AUTOINTOXICATION AND INDICANURIA.—Dr. Albert Abrams of San Francisco, believes that the neurasthenic symptoms of splanchnic neurasthenia may be cured by abdominal physical exercises which relieve abdominal congestion (Med. Rec., April 25) Congestion and enlargement of the liver are present and respiratory massage of the organ relieves it. These hepatic signs are also present with autointoxication of intestinal origin. Enterotoxins result from putrefaction of the albuminoid molecule. Poisonous albumoses are also manufactured from the proteids. The patient rarely complains of indigestion, but diarrhea is often present. Indican is also present in the urine. Respiratory massage produce by respiratory movements that are resisted by the operator's hands aid in stopping these symptoms. The author describes the method of producing these movements.

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EDITORIAL

The Non-operative Treatment of Hernia and Hemorrhoids.

THE employment of any method of treatment other than surgery for piles and hernia has been so generally branded as unscientific and quackish that it is something of a surprise to read that men in the forefront of proctology are giving partial assent to its efficacy in their special work and are even devising solutions for use when it is employed. It has been our privilege to see numerous cases of both disorders successfully treated by the hypodermic method and in the hernias we have never been able to concede that the man who condemns his patient to truss life was doing a more scientific thing than the man who uses the hypodermic treatment. Surgery may be the ideal, but it is the exceptional patient who will submit to it, or who can afford to pay for it, to leave such an one to the torture and uncertainties of a truss as commonly fitted is near the acme of the unscientific; if there is any method of treatment which promises to relieve the condition temporarily, and possibly permanently, the patient should have the benefit of it. Granted that surgery is the only certainty in all cases there remains an equal certainty that there is a considerable percentage of cases which can be cured by injection treatment. It is the quackish feature that includes all cases in the list for which this treatment is indicated.

In a recent article on "The Injection Treatment of Hemorrhoids"* Elliot quotes numerous authorities and from his own experience in the use of injections in the treatment of hemorrhoids. He holds that the internal hemorrhoid may be cured by injection while the external demands operative procedure; that the chance of accident is so infinitesimal as to be hardly worth entering into the consideration. He enters into the details of his technique which are not materially at variance with those generally employed and familiar. The solutions used are naturally the most interesting feature of the paper, and we believe that there are many of our readers who will not see the paper, but will be interested in the following quotation: "When Mitchell began his treatment his formula was carbolic acid, one part, and olive oil two parts, he made several changes in it before being satisfied. Various formulae have been tested and made public since the treatment was first adopted.

In the Brinkerhoff system, the solution is:

Carbolic acid	℥j
Olive oil	℥v
Chloride of zinc	gr. viij

In the largest piles inject 8 minims; in the medium, 4 to 8 minims; in the small, 2 to 3 minims; in club-shaped painless piles near the orifice, 2 minims, and inject near the orifice, 2 minims, and inject only the in ternal pile.

In the Rorick system, the solution is:

Carbolic acid	
Glycerine	aa ℥ij
Fld. ext. ergot	℥j
Water	℥iss. Mix.

Green, a travelling pile doctor, uses:

℞

Carbolic acid	℥j
Creosote	gtt. x
Acid hydrocyanic	gtt. i
Olive oil	℥j

Mix and unite under water.

Sig.: Inject enough to turn tumor an ashen grey color.

I cannot see any reason for the direction to unite under water; there is nothing explosive in the formula, nor do I see any reason for the hydrocyanic acid which is hard to obtain.

Yount uses: Solution of carbolic acid, 5 per cent (acid carbolic, gr., xxiv; aquae disillat. ℥j M.), or a 3 per cent solution (acid carbolic, gr. xviss, aquae destillat ℥jM.)

Agnew uses: Plumbi acet. (C. P.); sodii bibor. (C. P.) aa ℥ij; glycerine (Price) ℥j. Mix in a two-ounce vial and let stand for twenty-four hours. Acid carbolic, Calvert's No. 1, ℥j: distilled water, ℥ij. Of the first solution ℥vj are added to the second solution, and the solution is of a syrupy consistence ready for use. Many times the injection is followed by pain or ulceration.

Tuttle has modified the formula of Shuford, as follows: Acid carbolic (Calvert's), ℥ij acid salicylic, ℥ss sodii biborat, ℥j; glycerine (sterile) q.s. ad ℥j M. secundem artem.

Inject 2 to 10 minims.

*The Virginia Medical Semi-Monthly, Vol. 13, No. 5.

The Givaurd solution is: Acid tannic, 1 part; acid carbolic 2 parts; alcohol 4 parts; glycerine, 8 parts. Mix.

Hoyt published a formula some years ago which gave him good results; it is: Acid carbolic, alcohol, partes equalis, diluted with six times its volume of water. He injected a few drop into the tumor.

Shaleeta, of the Jewish Hospital at Kieff, has modified the method of treating hemorrhoids with injections of carbolic acid and glycerine, by using pure liquid carbolic acid, injecting each pile with a Pravaz syringe to a certain degree of fulness, and completing the operation at one sitting. Two, three, or four syringefuls of the acid are injected according to the number and size of the tumors. For external piles, he uses a mixture of two parts of pure carbolic acid to one part of 2 a per cent solution of cocaine.

He gives the history of 69 cases treated in this way, and the results in all were highly satisfactory.

A tampon inserted into the rectum will exert enough pressure to prevent clots moving upwards; this should be left for a few hours.

Dr. Eccles' Travel Notes.

We are in possession of abundant evidence that our readers have seldom been more profitably entertained than by the series of letters from Dr R. G. Eccles, written on a recent tour around the world and appearing from time to time in the Fortnightly. For those of us who have never been able to undertake such a trip the doctor has proven himself a most satisfactory substitute, for he is telling us of the points which most travellers fail to see and the things in which we are most interested. The original plan completed the series of letters with the next, which is now in our hands, but we have prevailed on the doctor to complete the circle and bring us safely home; this means three additional contributions and just that much solid enjoyment for each of our readers.

A New Foundation for Scientific Therapeutics.

Through an error we failed to mention in this department the very remarkable article by Dr. Chas. E. de M. Sajous which appeared in our issue of May 25th. An advance proof of the article was sent us for comment, and on reading we found it so vitally important an article that we were more than glad to reproduce it in extenso; we believe that its worth should prompt other journals to do the same.

Every physician should have the opportunity of reading it and taking the step toward the new scientific therapy to which Dr. Sajous seems to have discovered a foundation. The profession does not like the widepread therapeutic nihilism, which is a result of therapeutic uncertainty; it is ready to be taught; it understands all about the wretchedness it has been in and is going through, but until the appearance of this article it has seen no relief. We ask our readers to re-read the paper; do it several times, get into its spirit and get an impetus toward scientific therapeutics.

Serotherapy for Gonorrhea.

The development of serum therapy for gonorrheal conditions is being awaited by the profession with a tremendous interest. The disease has at last gained the serious attention of practitioners and there are few outside the charlatans who do not recognize in it a formidable foe, a disease of doubtful termination and trying sequelae, one worthy of the most studiously scientific opposition. There is considerable disappointment expressed that the new antigonococcic serum is of so little avail against acute infections, a serum that will check the disease in its incipiency and before complications have evidenced themselves would be a blessing to mankind of greater importance than almost any other that could be dreamed of; it will come in time. In the meantime we have the certainties of the new serum which is proving effective in chronic gonorrheal conditions to be thankful for. At present we are eagerly following the recorded literature relative to this serum and the uniformity of success in chronic conditions seems to determine it as a permanency as a therapeutic agent. Herbst has recently reported his results in 52 cases treated with the Rogers and Torrey serum.* The administration was by injection into the abdominal wall, and the amount given ranged from 2 to 6 cc. at a dose. The injections were given from 48 hours to seven days apart, depending on the severity of the reaction.

The reaction varied from a slight local urticaria to a more severe form with dermatitis, slight fever and increase of pulse rate.

It usually disappeared in from 24 to 48 hours, but in one case it lasted five days, with general dermatitis and fever. The cases are classified as follows: 1. Acute infection of the anterior, or anterior and posterior

*Jour. A. M. A., Vol. L, No. 21.

urethra, with or without prostatic or seminal vesicle involvement; 17 cases; no result. 2. Subacute gonorrhea of the anterior or anterior and possterior urethra; 9 cases; no improvement in 8; 1 cleared up after the third injection. 3. Chronic gonorrhea of the anterior or and posterior urethra; 11 patients; 7 unimproved; 4 cleared up after from 5 to 8 injections. 3. Acute gonococcus infectionof the epididymis; 4 cases; 3 did not improve as fast as is usual with local treatment; one cured with 6 injections of 4 c.c. each in two weeks. 5. Acute gonococcus infection of joints; 4 cases; one still under treatment; 3 not much changed. 6. Chronic gonorrheal joints; 7 cases; all improved quickly after the first few injections.

His conclusions are like those of other careful investigators, that the serum is of no avail in acute cases, and of doubtful benefit in subacute and chronic cases, though occasional cases show decided improvement under its influence; but that its definite province is in combatting gonorrheal arthritis in which it is proving more definitely effective than any remedy hitherto used.

Revenue from the Druggist.

METHODS of replenishing the doctor's finances are often remarkable in their very crudeness and offensiveness. We know of none more offensive than that of exacting commission from the druggist who fills your patient's prescriptions. The supposition is that when you have received your fee and the patient has departed with or without a prescription as the case maybe, that your financial interest in him is at an end, but it appears that such is not uniformly the case, that some doctors keep track of him and exact from the druggist, to whom he goes, further revenue. That such a practice is exceptional in St. Louis we know; it should be so exceptional as to be non-existent. The Pacific Pharmacist depicts a deplorable state of affairs in California in this regard and calls for reform, we would recommend it to the attention of the Califonia State Medical Association for speedy elimination. It is not a question of the druggist *giving*, but of the physician *receiving*. The practice, if discovered in St. Louis, should have the same treatment.

The Pacific Pharmacist says that the California State Journal of Medicine takes exception to an editorial note in the Bulletin of the American Pharmaceutical Association on the practice, now unhappily very prevalent in San Francisco, of druggists paying, and doctors asking, commissions on their prescriptions. He endeavors to fix the blame of the present condition of things in this regard upon the druggists, asserting that they "started the game." Inasmuch as that practice existed here before the editor of the State Journal was born, it is hard to see how he found this out. The editor of the Pacific Pharmacist found this miserable practice here in full swing forty-two years since, and he was unable then to trace the thing to its source. It is immaterial to discuss now the origin of this graft. If it exists it ought to be killed, and both doctors and druggists should be held responsible for their share in it. No reform ever came out of the pot calling the kettle black.

ST. LOUIS ITEMS.

VACATION AGAIN.—The St. Louis Medical Society adjourned for its annual recess on June 13th. The work of the first half year has been of great interest and the lines laid and committees appointed for the summer insure that there will be found no lapse of interest when meetings are resumed in September.

THE SUMMER VACATIONISTS.—The medical profession has contributed its quota to the horde of recreation-seekers which has left St. Louis in search of change. The consensus of opinion of those who are staying at home is that one needs not go to the country to find rest; we are having little to do but rest right here in St. Louis. This seems to be an exceptional year in the matter of idleness, and if it means good health we are not sorry for it.

THE CITY HOSPITAL TO-BE.—The interest of the profession adverse to the proposed eleven-story building to complete the City Hospital group has borne fruit in the abandonment of the scheme and the substitution of a plan for three buildings facing Lafayette avenue. The central building will be five stories high, the others but four. This plan will meet with the approval of the profession generally, and will make the group architecturally harmonious. We understand that work is to be begun on these buildings without delay.

THE ST. LOUIS SKIN AND CANCER HOSPITAL.—The recent announcement that of a gift of $100,000 to the Skin and Cancer Hospital including the site for the erection of a new building on Forest Park Boulevard raised a storm of protest from property holders in that beautiful section, and we are glad to learn that the plan as to the location will

probably be changed. An institution of this character is no particular acquisition to a choice residence neighborhood; its patients are largely out-patients and their going to and fro calls for a central location, near to the thickly settled districts, and where their troubles may attract as little attention as possible.

THE Physicians' Defense Co., of Ft. Wayne, Ind., has filed suit to enjoin the Medical Protective Co., of the same city, from an alleged seizing of the ideas, forms and methods of the Physicians' Defense Co.

INTERNATIONAL CONGRESS ON TUBERCULOSIS.—Preparations are in progress for an excursion party to Washington for the Missouri Valley to attend the International Congress on Tuberculosis, which meets on September 21, and continues for three weeks. For itinerary and full particulars, address Dr. Chas. Wood Fassett, Secretary Medical Society of the Missouri Valley, St. Joseph, Mo.

PLAGUE IN ECUADOR.—Minister Fox of Quito, reports that in order to prevent the spread of plague from Guayaquil into the interior of Ecuador all traffic has been suspended on the railroad between Huigra and Alausi. The former place is the headquarters of the railroad and the hospital. Patients discovered on trains are put off at this point, and on this account more cases are reported from there than any other place except the port of Guayaquil. Orders have been issued to burn all houses in Huigra found to be infected and a sanitary cordon has been established between Huigra and Alausi and all communication between these points has been transiently suspended.

A recent criminal case—tried in our New York Courts—has fixed attention of the community more than usual on the absurdity and harm of our present methods of taking medical expert testimony. It has always been a scandal reflecting severely on the medical and legal professions to have an expert give his opinion in favor of those who have retained and are paying him. The Medical Society of the State of New York and the Bar Association of this city appointed some little time ago a committee to confer together and frame a bill—to become a law—for the regulation of medical expert testimony in the state. It is almost impossible to imagine why the present steps being taken to put an end to this great evil have been so long delayed. The tentative suggestions of these committees are excellent and to be commended.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

GYNECOLOGY AND OBSTETRICS.

E. S. MCKEE, M. D.

Criminal Abortion in its broadest sense was the subject of the address of the chairman Dr. W. B. Dorsett, St. Louis, before the section on Obstetrics and Diseases of Women at the Chicago meeting of the American Medial Association. First, he considered the criminality of the woman,. In nine states she is guilty of a felony, in seven of a misdemeanor, and in thiry-five of no crime at all. Second, he considered the question, what is the charge and what is the penalty for selling or offering for sale abortifacient drugs or instruments for the prevention of conception In twelve states this constitutes a felony and the punishment varies from imprisonment to a fine ranging from $50 to $5,000, in twenty states it is a misdemeanor; and in thirty states there is no law on the subject. Third, what is the charge and penalty dependent on the age of the fetus? In four-fifths of the states the age is immaterial.

Fourth, what is the effect of the death of the woman on the charge and penalty after the production of criminal abortion? In eighteen States the charge is murder and the penalty is death or imprisonment for life; in six states the charge is murder in the second degree and the punishment is imprisonment for life, or not less than three years. Fifth, can the license of the offender be revoked after the induction of a criminal abortion? It can be revoked in fifteen states and in thirty-two there is no law. Sixth, can a physician who gives subsequent treatment in a case of criminal abortion be allowed to testify, or is his information regarded as a professional secret? In only one state is he permitted to testify. The chairman called attention to the fact that the laws were insufficient or inadequate, and he advised the appointment of a committee by the House of Delegates, to be known as the Committee on Criminal Abortion, which should undertake the passage of suitable laws after having studied the condition from all points of view.

Dr. Carstens of Detroit, said that the whole thing was a matter of education. It was the duty of the medical profession to teach the moral responsibility, of the meaning of life, the duty of maternity and the necessity of the love for children. Dr. A. Martin, of Griefswald, Germany, condemned criminal abortion, but said that any law

passed to control it would fail. Dr. Wathen, Louisville, said that abortion was offensive to every honest doctor and every honest citizen. He onsidered the offense no worse for the woman than for the man who committed it, and was just as great four weeks after the conception as eight months. Dr. Helen Putnam, of Providence, had spent much time investigating the teaching of physiology and hygiene in the public schools and had incidentally inquired into the method, if any, in which the question of sex was treated. She had found that those teachers who had a training in biology were doing admirable work in the teaching of the phenomena of life, and if in this manner the proper phenomena of life were taught the tendency to the production of criminal abortion would be checked. The consensus of opinion was that it was largely a matter of education.

The Conservative Surgeon and the Symptomless Uterine Fibroid was the subject discussed by Dr. Joseph B. Eastman, of Indianapolis. Complications have been shown from time to time to exist in a considerable percentage of cases of uterine fibroids which in time would bring about a fatal termination. The presence of these complications has been put forth as a reason for the removal of all fibroids. Emphasis was put on the fact that frequently fibroid tumors are found wherein exist conditions threatening the life of the patient, the existence of which conditions cannot be determined prior to the operation, and in some instances not till microscopic examination has been made. This he considered an additional argument for the removal of all fibroids.

Three Methods of Entering the Abdominal Cavity, discussed by Dr. E. P. Montgomery, of Philadelphia. He placed before the section the class of cases in which the different procedures can be employed with advantage to the patient. The vertical abdominal procedures afford the widest application.

Length of Recumbency After Abdominal Section.—Dr. C. C. Frederick, of Buffalo, thought there was a tendency to get patients up too early. He gave the following reasons for keeping the patient recumbent for two or three weeeks: 1. To secure more perfect and more solid union of the abdominal incision, thus preventing post-operative hernias. 2. The majority of these patients are reduced physically and need rest. 3. Especially if nervous exhaustion is present, the conditions of the rest cure can be carried out and the patient got up in a better condition to proceed to normal recovery. 4. The shock to the nervous system is often severe, especially to the digestive system, requiring at least one week before the return of appetite and the normal functions of digestion.

Ruptured Tubal Pregnancy, When to Operate.—Hunter Robb, of Cleveland, considered that the degree of danger to the patient depends upon the degree of shock, and the patient rarely, if ever, dies of hemorrhage. Immediate operative measures to tie the arteries are therefore not necessary to save life and not logical, but may add greatly to the danger by increasing the shock.

The Non-Surgical Treatment of Uterine Displacements.—(Dr. H.J. Boldt, of New York.)—Because of the operating furor which has seized so many physicians, non-surgical treatment seems to have fallen into oblivion, and the new generation of physicians are not familiar with it. Many patients with displacements of the uterus are subject to alterations who could be improved or cured without surgical interference.

The Female Perineum from a Physiological Standpoint was the subject considered by Dr. J. Riddle Goffe, of New York. He considered the perineum not primarily a support to the pelvic organs, assistance in parturition and defecation its chief functions. Accepting the evolution of man from the lower animals much light is thrown on its anatomy and functions. He compared the functions and structure of the female perineum in quadrupeds and in humans.

"With His Name the Mothers Still Their Babies.—*Shakespeare.*—It was Senator-elect Bradley who said "Kentucky with all thy faults, I love thee still, and I love all thy stills with all their faults." It is a long swim from Kentucky to Missouri. Nepotism is not confined to politics nor to clergy, or even to medicine, but the fondness for nephews, undue attachment for relations, bestowal of patronage, position and power, in consideration of relationship to the bestowal alone, rather than merit or service done, is found more firmly intrenched in one of the newest sects than among ancients or moderns. The most startling nepotist of modern time is "Still" confined to osteopathy. The Journal of Osteopathy carries on its outside page the advertisement of the Osteopathy Hospital and College. The first four of the staff of fifteen persons are named "Still." The rest are probably related, but not "Still born."

Though bones be broken as you will,
They're turned aside though broken "Still."

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A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

FAVORITE PRESCRIPTIONS

INFANTILE DIARRHEA.—In the serous variety, Dr. Bucknum, of Denver, places great reliance upon the following:

Acidi salicylici.....3ss
Cretae precip.....grn. x
Syr. zingiberis.....3 iv
Aquae dest.....q. s. ad. ℥ij

M. Sig.: A teaspoonful every hour until the bowels are under control.—Medical Council.

HARRINGTON'S SOLUTION.—It is simple, of every-day ingredients, and any physician can make it quickly. Its intelligent use will be found of value in the preparation of the field of operation, especially in the neighborhood of suppurative foci.

Commercial alcohol (94%)..640 cc
Hydrochloric acid..... 60 cc
Water.....300 cc
Corrosive sublimate.....0.8 gramme

ACUTE AND CHRONIC INTESTINAL CATARRH.

Tannalbini (Knoll),.....
Ichthalbini 3ij

M. ft. pulv. ad. scatul.

Sig.: Half teaspoonful three times daily in some cocoa.

DANDRUFF AND INCIPIENT BALDNESS.—

Resorcini.....3j
Betanaphtholis.....3ss
Chlorali hydratis.....3ij
Tincturae canthridis.....fl. 3iv
Tincturae capsici,
Olei ricini.....fl. 3j
Spiritus oderati.....fl. ℥iv
Spiritus myrciae, ad.....Oj

M. et Sig.: Rub into scalp daily.

Shake before using.—Therap. Gazette.

PRURITUS ANI.—The following is said to be one of the best ointments in pruritus ani:

Comphorae.....Grn. iv
Mentholi.....grn. iij
Acidi carbolici.....3ss
Acidi borcic .....grn. x
Hrydrarg. chlor. mitis.....grn. x
Unguenti zinci oxide...q. s. ad. ℥j

—Amer. Joru. Clin. Med.

URTICARIA.—As an intestinal antiseptic, in urticaria, the following is good:

Mentholis.....grn. ¼
Guaiacoli carb.....grn. ij
Podophyllini.....grn. ⅛
Hydrarg. chlor. mite.....grn. ¾

To make one capsule, of which from 1 to 3 may be taken daily.

For use locally the following is suggested:

Mentholis.....grn. j
Acidi carbolici.....grn. v.
Glycerini.....3j
Alcoholis, ad.....℥j

—Chicago Clinic.

COMING MEDICAL MEETINGS.

National Meetings

International Congress on Tuberculosis, Washington, D. C., September 21 to October 12.

Mississippi Valley Medical Association, Louisville, Ky., October 13-15, 1908.

Medical Society of the Missouri Valley, Council Bluffs, Iowa, Sept. 3-4, 1908.

Medical Association of the Southwest, Kansas City, Mo., October 20-21, 1908.

State Meetings

Colorado, Denver, October, 1908.
Idaho, Boise. October 8-9, 1908.
Kentucky, Winchester, October.
Minnesota, St. Paul, October.
Nevada, Goldfield, October 6-7.
New Mexico, Albuquerque,
Oregon, Portland, July.
Washington, Walla Walla, September 2-4.
Wisconsin, Milwaukee.
Wyoming, Sheridan.